Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ' '	LE CONSTRUCTION 5:	(X3) DATE SURVEY COMPLETED	
		IL6014906	B. WING		02/18/2016	
NAME OF PROVIDER OR SUPPLIER STREET AD ARIA POST ACUTE CARE 4600 NOR			DRESS, CITY, RTH FRONT, IL 60162	STATE, ZIP CODE AGE ROAD	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
s ssss s arriver that s n hap very error of do	300.610a) 300.1210b) 300.1210d)5) 300.3240a) Section 300.610 Re a) The facility shall herocedures governing acility. The written pose formulated by a language of nursing and other colicies shall comply the written policies shall comply the written policies he facility and shall by this committee, do and dated minutes of the resident so attains a complete the facility shall pand services to attain the policies of the resident so and care and personal content of the resident to meet the care needs of the resident to subset the facility shall pand services to attain the policies of the resident to meet the care needs of the resident to subset the facility shall pand services to attain the proposal of the resident to meet the care needs of the resident to subset the policies of the polic	dvisory physician or the mmittee, and representatives in services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed of the meeting. The provide the meeting. The provide the necessary care in or maintain the highest in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal isident. The provided to each total nursing and personal isident.	\$9999	Attachment Statement of Licensure		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/14/16

Illinois L	Department of Public	Health				
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014906			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		02/1	18/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARIA PO	ST ACUTE CARE		RTH FRONTA , IL 60162	AGE ROAD		
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S9999	Continued From pa	ge 1	S9999			
	pressure sores, head breakdown shall be seven-day-a-week the enters the facility widevelop pressure sore clinical condition de sores were unavoid pressure sores shall services to promote and prevent new processore sore shall services to promote and prevent new processore sores shall services to promote and prevent new processore sores shall services to promote and prevent new processore sore sore sore sore sore sore sor	an to prevent and treat at rashes or other skin practiced on a 24-hour, casis so that a resident who assis so that a resident who assis so that a resident who are unless the individual's monstrates that the pressure able. A resident having a receive treatment and healing, prevent infection, essure sores from developing. The buse and Neglect are, administrator, employee or all not abuse or neglect are. ONS WERE NOT MET AS are individual and lized interventions to attempt a resident an individualized are promote healing. In the view and record and are the underlying risk factors; are the underlying risk factors.				
	reviewed for pressur	e ulcer in the sample of 25				

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residents.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6014906	B. WING		02/	18/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ARIA PO	ARIA POST ACUTE CARE 4600 NOF HILLSIDE			AGE ROAD		
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	The findings includ	le:	MI III DANAKA kataka			
	(1) R15 admitted to facility on 7/16/2015 with multiple pressure ulcers to include a sacral stage 2 pressure ulcer 0.5 cm (centimeters) X 0.5 cm. This wound was healed 7/30/2015.					
		3/15, 7/30/15, 8/06/15 and ores were 13, only moderate down.	PROPRINCE DE LA CONTRACTION DE			
	R15's 7/22/2015 minimum data set assessment (MDS), include requires 2 person assist with bed mobility and total assist by staff with transfers, ambulation, hygiene, bathing and toileting. R15 is assessed with cognitive severe deficits and always incontinent of both bowel and bladder.					
	include R15 is at ridependent for all a	are Area Assessment (CAA), sk for skin breakdown, totally reas of activities of daily living ays incontinent of bladder and ent of bowel.				
	initial observation of	ound progress note documents of an acquired unstagable 0 sacral pressure ulcer.				
	wound include: at 1 R15 observed to his wound, with a heav odor. Bradon score risk for skin breakd cognition deficit, de	rogress note of R15's sacral 1:54 PM, upon observation, ave an unstageable sacral ry amount of drainage but no e reassessed at 13 (moderate lown), due to comorbidities of ementia, multiple sclerosis, mixed hyperlipidemeia, elosed fracture.				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING: B. WING ____ 02/18/2016 IL6014906

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

4600 NORTH FRONTAGE ROAD

ARIA PO	ARIA POST ACUTE CARE HILLSIDE, IL 60162					
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	Facilities 8/25/2015 picture of R15's newly acquired sacral wound presents with "boggy," necrotic soft adherent black colored thick tissue covering 100 percent of the wound opening and heavy amount of purulent drainage.					
	R15's care plan for skin breakdown, did not include any individual interventions to prevent acquired wounds and promote healing of existin pressure sores.	g				
	On 02/10/2016 at 10:00 AM, E1 (Administrator) and E2 (Director of nurses) provided a docume "understanding the Kennedy terminal ulcer." This document include that the wound usually starts out as a blister or a stage two and can rapidly progress to a stage three or four.	nt				
	There is no documentation of any sacral skin changes between 7/31 - 8/25/2015 observation the unstagable large necrotic sacral wound.	of				
	During 02/10/2016, 11:00 AM interview, E21 (wound care coordinator), stated E21 would not call R15's stage 4 sacral wound as a "Kennedy Terminal Ulcer." E21 also stated R15 required a least every two hour repositioning and incontinence care.					
	During 02/11/2016 1:00 PM telephone interview, Z1 (wound care physician), stated when Z1 first observed R15's sacral wound (8/26/2015), Z1 fethe wound was unstageable due to 90% dark yellow slough covering the wound base. Z1 said R15 's sacral wound is most likely due to lower extremity contractures causing increased pressure on sacrum. Z1 does not want to call R15's 8/25/2015 acquired sacral pressure ulcer "Kennedy terminal ulcer." Z1 stated R15 would benefit from more frequent position changes	alt .				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	/CLIA (X2) MULTIPLE BER: A. BUILDING: _	CONSTRUCTION	COMPLETED	
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	4600 NORTH FRONTA HILLSIDE, IL 60162	GE ROAD	A september of the sept	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT	ULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
(more than every two hours). On 02/08/2016 at 12:42 PM, 02/09/2016 AM, 10:15 AM and 2:10 PM and 02/11/20 10:14 AM R15 observed wearing a dispo incontinence brief and lying on top of a thincontinence pad that was between R15's and the low air loss mattress. On 02/11/2016 at 10:14 AM, R15 observed with bilateral lower extremity flexion control of knees and hips. R15's inner knees we touching together without padding. R15 history of left inner knee skin break down 7/30/15). R15's head of bed was elevated degree angle, causing increased pressur sacral wound. R15 also observed with a incontinence brief in place. On 02/11/2016 at 10:20 AM, E6 (nurse a observed to change R15's urine soaked incontinence brief without cleansing the operineum and buttocks with soap and was to applying another incontinence brief. En used a water wet towel and wiped off the perineum and buttocks but not inside his area. While E6 turned R15 in bed, the loof R15's sacral wound dressing observed large amounts of serous drainage soaked through the dressing. (2) On February 8, 2016 at 8:20 AM, R 4 sitting in the dining room with a trunk rese belt); at 9:00 AM R 4 breakfast tray was at 11:00 AM an activity program was stall and fit) R 4 was noted to be sleeping at the toilet from 8:20 AM through 1:30 PM. R 4 was not repositioned or tall the toilet from 8:20 AM through 1:30 PM. On February 09, 2016 at 8:20 AM, R 4 was not repositioned or tall the toilet from 8:20 AM through 1:30 PM. On February 09, 2016 at 8:20 AM, R 4 was not repositioned or tall the toilet from 8:20 AM through 1:30 PM. On February 09, 2016 at 8:20 AM, R 4 was not repositioned or tall the toilet from 8:20 AM through 1:30 PM. On February 09, 2016 at 8:20 AM, R 4 was not repositioned or tall the toilet from 8:20 AM, R 4 was not repositioned or tall the toilet from 8:20 AM, R 4 was not repositioned or tall the toilet from 8:20 AM, R 4 was not repositioned or tall the toilet from 8:20 AM, R 4 was not repositioned or tall the toilet from 8:20 AM, R 4 was not repositioned or tall	and at sable sable sable sable sable sick in sable sab			

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PRINTED: 04/05/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 02/18/2016 IL6014906 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4600 NORTH FRONTAGE ROAD ARIA POST ACUTE CARE HILLSIDE, IL 60162 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (FACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 on a wheelchair in the dining room with a trunk restraint and a chair alarm. At 8:45 AM, R 4 's breakfast tray was served followed by activities at 10:20 AM in which R 4 was not actively participating. R 4 stayed in the dining room from 8:20 AM through 12:35 PM without being repositioned or toileted. On February 09, 2016 at 12:45 PM during treatment observation with E 21 and E 22

depth. The wound assessment details report dated February 03, 2016 this wound was measured at 0.30 cm in length X 0.3 cm in width and with 0.2

(Treatment Nurses) showed R 4 pressure ulcer on the sacrum and explained this area was noted at Stage II acquired in the facility. E 22 measured

On February 03, 2016 R 4 wound assessment details report showed this wound was only 0.30 cm in length X 0.3 cm in width and with 0.2 cm

the wound at 1.0 cm X 0.5 cm.

At 2:09 PM, E 22 explained that the facility has no comprehensive assessment to analyze whether this pressure ulcer was avoidable or unavoidable. E 22 said the facility comprehensive assessment is the wound doctor 's weekly note (wound assessment details report).

R 4's quarterly Minimum Data Set with Assessment Reference Date of January 02, 2016 showed R 4 has severe impairment in cognition (scored at 3) and needs extensive assistance with one physical assist for activities of daily living.

On February 9, 2016 at 9:23 AM E 14 (Certified Nursing Assistant/Restorative Aide) described R 4 as confused, will cry occasionally to get attention especially if she needs to go to the bathroom. E 14 stated, "No, she (R 4) is unable to reposition herself when in chair or in bed. "

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cm depth.

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	R 4's pressure ulc	er plan of care dated January	0.00			
		on R 4 every two hours was				
		oruary 8, 2016 from 8:20 AM				
		nd on February 9, 2016 from				
	8:20 AM through 12	2:35 PM.				
	(-)					
	(B)					
			TD-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			
	300.7040a)		When common			THE POST CONCESS
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			reconstitution of the contract			
	Section 300.7040	Δctivities	The state of the s			
	Section 500.7040	Activities				
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	a) The unit's activi	ty program shall use	in recognition and the second			na canada
	ability-centered care	e programming.	rererendered			
	0 (1 000 7000	Al III	nere no construire de la construire de l			
	Section 300.7030	Ability-Centered Care				
	a) Ability-cente	ered care programming, also				
		ed programming, recognizes	The state of the s			
		es and competencies in care	NA CANADA			
		e adapted and modified to	and the second s			
		lent's involvement at the	ALL STATEMENT OF THE ST			
	maximum level of th					
		e programming embraces the				
	following concepts:	activities are every event,	2000			
	•	nange with a staff member,	Table a section of the section of th			
		or other individuals; activities				WALKER CHARGE
		ditional (i.e., work related,	The second secon			
		ontraditional (i.e., bathing,				
	eating, walking); bot	th independent and structured				

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events are used.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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S9999	Continued From pa	ge 7	S9999				
	review, the facility fa are compatible with and preferences. This applies to 5 of R20 and R22) in the residents reviewed activities. The findings include The facility has a center of Memory Impairment their Brief Interview identified 54 resider impairment with BIM residents have mod with a BIMS score of the sound of the sound in the sound	on, interview and record alled to provide activities that residents' known interests 6 residents (R4, R13, R19, e sample of 25 residents for resident centered					
	residents in the sec	16 at 10:00 AM, 60 out of 68 ond floor were in the dining gram with two Activity Aides					
	in the second floor v	16 at 10:30 AM 57 residents were in the dining room for h two Activity Aides (E 10 and					
	showed "sit and be -level group. There participating with the	or dated February 8, 2016 fit" marked for high and mid were two residents actively e Activity Aides, others are just lankly. During this activity nine					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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ARIA PO	ST ACUTE CARE	4600 NOR HILLSIDE	TH FRONTA	AGE ROAD		
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\$9999	residents were sleegroup in dining roor with a lap belt and so noted wandering ar Brief Interview for Non February 09, 20's sleeping in the group cognitive deficit. On February 08, 20'Coordinator) preser calendar for the ent E 8 explained there daily but there was some residents can with the big group. Or ongoing program 1. R13's admission admitted to the facil diagnoses including disturbances. R13's (MDS) section 'C' B meaning she has se Section 'F' showed listen to music. On 2/8/16 R13 sat room in her wheel cand she had her do but R13 was not particularly and she had her do but R13's memory care report showed the report showed the residual to the restraints showed to program of activities approaches. One of restraints showed to program of activities	ping. R13 sat out side of the min her wheel chair restrained she had her down. R 19 was ound the dining room. The Mental Status sheet presented 16 showed these residents up were identified with severe 16 at 1:00 PM E 8 (Unit need the second floor activity ire month for February 2016. is only one group of activity a small dining room where go if they do not like to be This room has no activity staff it. Trecord showed she was ity on 9/27/10 with multiple pementia with behavior 5/6/15 Minimum Data Set IMS score showed '0' evere cognition impairment, interests of activities included out side of the group in dining thair restrained with a lap belt wn. On 2/9/16 music was on,	\$9999			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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ARIA PO	ST ACUTE CARE		TH FRONTA , IL 60162	AGE ROAD		
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	attention and provide activities when possitive days (2/8/16 and participate in activities engage R13 to engage R1	de restraint free time during sible to supervise closely. On ad 2/9/16) R13 did not ites and the staff did not age in activities. Atta Set dated January 11, 2016 portant for R 20 to have and magazine to read and 0 was not provided with these of the state of the st	S9999	DEFICIENCY		

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING 02/18/2016 IL6014906 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4600 NORTH FRONTAGE ROAD** ARIA POST ACUTE CARE HILLSIDE, IL 60162 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 \$9999 Continued From page 10 On February 10, 2016 at 9:23 AM, E 11 (Certified Nursing Assistant) expressed that most of the time R 4 will sit in the dining room, will cry out at times for things that she needs like if she wants to go to the bathroom or if she like her book. She has period of confusion but if you have a lot of time she can talk, she can understand and follow commands. " On February 8, 2016 at 10:30 AM, R 19 was sitting in the dining room during activities with family members at 12:00 PM, R 19 started to wander all over the dining room and in the hallway. 5. R 19 Minimum Data Set dated November 10, 2016 identified R 19 with severely impaired cognition (scored at 0). The activity preferences of R 19 include reading books, newspapers and magazine and to listen to music. The activity care plan dated October 6, 2015 showed R 19 will dance or tap, clap with staff, will be cue and prompted in order to maximize participation and to promote response. These interventions were not implemented. On February 09, 2016 at 12:03 PM, E 11 explained, "she (R 19) wanders all over so we just let her. She really does not understand things anymore. I am not sure if she (R 19) would like to sit and read. " On February 10, 2016 at 11:11 AM, the Activity Aides stated, "we always have a big group, almost all of the residents are here. It is a big group but we do the best we can! No there was no other groups (low or high functioning), we do

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not separate the residents. "

On February 11, 2016 at 11:00 AM, E 8 was unable to provide any documentation that the

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\$9999	on the identified streeach residents. E 8 activities are no plator low functioning reference of the facility o	mplemented a program based ength and preferences of also expressed that the anned are no different for high esidents. record showed he was initially ity with multiple diagnoses is Disease and Dementia with ess. R22's 1/27/16 social than MDS 12/30/15 showed and yo,' meaning he has severe not, could not be engage in in 'sit and be fit' activity sitting R22's 12/24/15 Nurses Notes little English, mainly speaks staff (E10 and E11) did not	S9999			

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